

Phone: (317) 865-6398
UDS #: (317) 865-6364

Weekly Schedule
Greenwood Recovery Court

Fax: (317) 865-6363
Pager #: 317-465-5120

NAME _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate Date →							
(Include a.m., p.m. with all times)							
	<u>Call UDS #</u>	<u>DAILY</u>	<u>865-6364</u>	<u>Between</u>	<u>6:00a.m. &</u>	<u>9:00a.m.</u>	<u>865-6364</u>
PBT/ Antabuse Monitoring (location)	PO-7:30a/ 3:30p	PO-7:30a/ 3:30p	PO-7:30a/ 3:30p	PO-7:30a/ 3:30p	PO-7:30a/ 3:30p	SHG by 9:00a	SHG by 9:00a
Scheduled Work Hours Job 1 : _____							
Scheduled Work Hours Job 2 : _____							
School Hours: _____							
Community Service Work (CSW) (where and when)							
Treatment Requirements IOP or AFTERCARE (time & place)	Tx/ group	Tx/ group	Tx/ group	Tx/ group			
Self Help (AA/NA meetings) <u>LOCATION and TIME REQUIRED</u>					Meeting	Meeting	Meeting
Case Manager: ((new schedule, meetings, check stub, treatment receipt, GRC receipt, any issues))							
Probation/ Court		*	*				
Doctor or Dentist							
Other/ Assignments:							
CURFEW							

Participant Signature

Date

Approved Coordinator/Case Manager

Date